R E P O R T R E S U M E S

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VISION SCREENING PROGRAMS, PRE-SCHOOL AND SCHOOL AGE.
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SAN DIEGO COUNTY OPTOMETRIC SOC., CALIF.
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VISION PROBLEMS CAN BE DETECTED IN PRESCHOOL AND SCHOOL AGE CHILDREN BY THE USE OF THE APPROPRIATE TESTS OUTLINED IN THIS BOOKLET. THESE TESTS ARE DESIGNED TO BE ADMINISTERED IN PART BY LAY PERSONNEL UNDER THE DIRECTION OF AN OPTOMETRIC CONSULTANT. THE ENTIRE PROGRAM CONSISTS OF THE COMPLETION OF A DEVELOPMENTAL QUESTIONNAIRE BY THE PARENTS, AN EXAMINATION OF THE EXTERNAL APPEARANCE OF THE EYES, AND THE FOLLOWING TESTS--IDENTIFICATION, PLUS LENS TESTS, MOTILITIES, EYE ALIGNMENT, PRISM TEST FOR BINOCULAR AWARENESS, PERIPHERAL ORIENTATION (PRESCHOOL ONLY), FIXATIONS (SCHOOL AGE), FOCUSING ABILITY (SCHOOL AGE), GROSS RETINOSCOPY AT DISTANCE, OPTHALMOSCOPY, STEREO FLY (SCHOOL AGE), BROCK STRING (SCHOOL AGE), AND PERCEPTUAL COPY AND INCOMPLETE COPY FORMS (SCHOOL AGE). THE ADMINISTRATION PROCEDURE AND GRADING CRITERIA FOR EACH TEST ARE DESCRIBED, AND THE NECESSARY TEST MATERIALS FOR BOTH THE PRESCHOOL AND THE SCHOOL AGE PROGRAMS ARE LISTED. AN APPENDIX INCLUDES SUGGESTED FORMS, SUCH AS THE DEVELOPMENTAL QUESTIONNAIRE (IN ENGLISH AND SPANISH), THE TEACHER'S OBSERVATION REPORT FORM, THE PRESCHOOL AND SCHOOL AGE VISION SCREENING RECORD, A VISION SCREENING REFERRAL FORM, PARENT AUTHORIZATION, AND THE EYE EXAMINER'S REPORT TO THE SCHOOL. IT IS RECOMMENDED THAT ALL PRESCHOL CHILDREN 3 YEARS AND OVER, ALL CHILDREN IN THE FIRST THREE GRADES, AND ALL THOSE IN THE LOWER ONE-THIRD OF THEIR CLASSES IN THE REMAINING GRADES BE SCREENED FOR VISION PROBLEMS. IDEALLY, ALL CHILDREN WOULD BE SCREENED. (CG)

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PRE-SCHOOL AND SCHOOL AGE

VISION SCREENING PROGRAMS

EC 000 970

SCHOOL VISION COMMITTEE

SAN DIEGO COUNTY OPTOMETRIC SOCIETY

U.S. DEPARTMENT OF HEALTH, EDUCATION & WELFARE
OFFICE OF EDUCATION

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Committee on Vision Problems of Children and Youth
American Optometric Association
Department of Education and Research
California Optometric Association
Children's Vision Committee
Canadian Association of Optometrists
School Vision Committee
British Columbia Optometric Association
Blum, Peters and Beltman
Vision Screening for Elementary Schools (Orinda Study)
Child Vision Care Section
Optometric Extension Program

To these and others we are sincerely appreciative

School Vision Committee
San Diego County Optometric Society

Amorita Treganza, OD, Chairman
Floyd Lee, OD, Member
W. Keith Wilson, OD, Member

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VISION SCREENING

I. CONCEPTS UPON WHICH THIS PLAN IS BASED.

A. Seeing is learned.

B. Research has now established that a child with a vision problem (as opposed to an eye problem) cannot achieve in school to the full extent of his potential ability.

1. EYE PROBLEM: The inability to see small letters clearly at 20 ft.-- due to structural defects (myopia, astigmatism, etc.) or pathological involvement. Detected in present school sight screening procedure with the Snellen chart.

2. VISION PROBLEM: Concerns the child's skill in seeing and may involve one or more of the following areas:

a. Eye movement control:

This skill allows easy shifting of the eyes along the lines of print in a book, a speedy and accurate return to the next line, effective scanning of vertical columns, quick and accurate shifts from desk to chart or chalkboard and return.

b. Focusing ability:

This skill allows speedy and accurate shifts in visual inspection with instantaneous clarity at differing distances, such as, from desk to chalkboard to teacher etc. It also relates to the ease with which visual attention may be sustained.

c. Eye teaming ability:

This skill is intimately related to movement control and focusing ability and allows simultaneous alignment and inspection for accurate and immediate letter and object awareness. Difficulty in matching the right and left eye fields may result in strabismus (one eye turns in or out), suppression (blocking out of the vision of one eye), task rejection (daydreaming, avoidance behavior etc.) or the use of excess compensatory effort often with minimal academic accomplishment. Helen Robinson has reported a high correlation between unmatched fields of vision and early grade reading difficulties.

d. Depth perception:

This skill allows effective craft inspection, superior judgment of "me-it" relationships in sports and sureness and security in general movement.

e. Eye and hand coordination:

The ability to visually direct and co-ordinate hand (and body) activity relates to many skills. Writing, painting, craft working, catching, batting, kicking are but a few examples.

f. Visual form perception:

Visual form perception is a skill derived from primary and vicarious experience relating shape, size, texture, location, distance, etc. It yields immediate and accurate visual discrimination of likenesses and differences so that comprehension can be achieved and appropriate action may follow.

g. Directionality:

The manner in which a child organizes his approach to culturally related tasks (reading, writing, and drawing). Our culture is such that a left-right, top-bottom directionality is mandatory. The work of Leavell, Berner and Berner, Spache, Delacato and others suggests that children demonstrating culturally compatable directionality have fewer language development problems (reading, spelling, etc.)

II. ADMINISTRATION:

These screening tests are designed to be administered in part by lay personnel under the direction of an optometric consultant. It should be realized that these are screening tests and in no way replace a complete professional vision evaluation. All screening results should be reviewed by the consulting optometrist prior to referral or the introduction of in-class training activities.

III. OPTOMETRIC PARTICIPATION:

A. As a specialized advisor to educators to investigate vision performance, and when necessary, recommend professional care as indicated.

B. The optometrist to be employed as consultant to educators on a fee basis.

IV. CHILDREN TO BE SCREENED:

A. Ideally <u>all</u> children.

B. All pre-school children 3 years and over.

C. All children in first three grades of primary school plus those in the <u>lower 1/3</u> of their class in the remaining grades.

D. As an absolute minimum screening program, all students who are under-achieving according to the class norm or individual capability.

V. GENERAL INFORMATION:

A. This program is not related to currently used Snellen eye health screening programs. Rather it is to be used when school authorities wish a more thorough investigation of a student's vision performance as it may effect his school achievement.

B. The capacity to perform physically in the gym can only be determined by both examination of body health and assessment of athletic skills. Similarly the capacity to perform visually in the classroom can only be determined by examination of eye health and structure <u>and</u> assessment of vision skills.

C. Early detection and treatment of vision problems can often prevent the development of eye problems. Eye problems in contrast to vision problems can have minimal effect upon scholastic achievement. Statistically, myopia (an eye problem) correlates with higher than normal scholastic achievement.

VI. RECOMMENDED PRE-SCHOOL VISION SCREENING PROGRAM:

1. Completion of developmental questionnaire by parent.
2. External appearance of eyes:
   a. Lids
   b. Sclera and cornea
   c. Conjunctiva
3. Identification:
   "Stycar" objects at 15', named or matched monocularly.
4. Plus lens test:
   The identification test repeated monocularly with a plus 2.50 D. sphere before the seeing eye.

5. Motilities (pursuits):
   a. Horizontal
   b. Vertical
   c. Convergence
6. Eye alignment (cover test):
7. Prism test for binocular awareness:
8. Peripheral orientation: (supplemental test)
9. Gross retinoscopy at distance: (supplemental test)
10. Ophthalmoscopy: (supplemental test)

VII. PRE-SCHOOL TEST ADMINISTRATION & GRADING CRITERIA

Item 1 - Completion of developmental questionnaire.

Item 2 - External appearance of eyes:

This consists of a careful observation of the child's eyes to determine whether there is any obvious sign of abnormalcy, disease or condition indicating improper health. Styes, inflamed eyes, etc. would be graded Refer.

Item 3 - Identification:

This test is related to visual acuity tests but involves a higher degree of visual perception and less visual resolution than the Snellen test. It is taken from a battery of tests known as "Stycar". In essence, the child is shown a toy and asked to name or match it. It is important to insure that the color of the toy presented and the matching toy be different.

Administration: The test objects are displayed on a white or gray background. The screener points to one of the toys and asks the child to name or match it. The procedure is repeated monocularly for each eye at a distance of 15 feet.

Pass/Refer Criteria: Three or four correct identifications in sequence or 50% of the identifications requested, with each eye - would constitute a Pass.

Item 4 - Plus lens test:

Administration: Similar to Item 3 but with a plus 2.50 D. lens before the seeing eye. This is done with each eye monocularly.

Pass/Refer Criteria: If he identifies the toys as well with the lens in place as he did without it he is graded Refer. If he is unable to do as well with the lens in place he is graded Pass.

Item 5 - Motilities:

In this test the child is being asked to demonstrate to the screener that (s)he can move the eyes up and down and side to side from a central point located straight ahead. In addition to these movements the child should be able to point or turn both of his eyes inward to at least four inches from his face.

Administration: The motility portion of the test is administered by holding a lighted penlight vertically in front of the child's eyes, some 10 to 12 inches from his face. The light should not be pointed into the child's eyes. The child is instructed to follow the light with his eyes. As soon as the screener is reasonably sure that the child understands the instructions, the light is moved slowly through the above mentioned directions.

Pass/Fail Criteria: Lack of movement in any of these directions or gross inability to follow the light would be graded Fail.

Administration: The "convergence" phase of the test is administered by asking the child to look at and follow the light as it moves toward his nose. Keep the lighted penlight directly in front on the child's midline, at eye level, with light directed upward.

Pass/Fail Criteria: Both eyes should be able to follow the light inward to at least four inches from the nose. Grade Fail if this cannot be done and record the distance at which one eye turned away from the light and whether it was the right or left.

Item 6 - Eye alignment (cover test):

This test incorporates observations of alignment of each eye at both near and far distances.

Administration: The penlight is held 10 to 12 inches in front of the child's face at his eye level. He is asked to look at the light. Cover one eye for the count of three and then remove it. Observe the eye when covered and uncovered. You may note: A) the eye moved little or none with being covered or uncovered. B) The eye drifted out of line (in or out) but returned when the cover was removed. C) The eye moved out of line and remained out of line even after

removal of the cover. Repeat covering the other eye. Administer the same test with a target at a distance of 10'.

Pass/Fail Criteria: Performance such as that described in C) in any phase of this test should be graded Fail.

Item 7 - Prism test for binocular awareness:

Administration: The child's attention is directed toward a target (2" toy or small ball) at a distance of 10'. An 8 diopter prism base up or down is introduced before either eye, from the side. The child is asked what he sees. If he does not respond, ask him if he sees two and/or note if he makes a visual shift as though looking from one target to another.

Pass/Fail Criteria: Inability to see "two" or indicate a visual shift between two targets should be graded Fail.

Item 8 - Peripheral Orientation: (supplemental test)

This is a test included for the purpose of gaining information about a child's ability to use peripheral vision.

Administration: Part 1. Two strips of 1" masking tape are placed parallel and seven inches apart on the floor. The tape should contrast with the floor color. The "track" should be eight feet long. Two feet beyond the end of the "track" and 2' above the floor place an attractive target. At some point 2 to 3 feet to the side of the track place a chair. The child is instructed to look at the attractive target and walk through the "track". Observe whether the child can stay within the confines of the track. If this phase is successfully accomplished, administer Part 2. The child repeats Part 1 but this time is asked to stop when even with the chair. It is important that the screener be assured that the child watches the target and does not look at the chair in order to determine where to stop.

Pass/Fail Criteria: An inability to stay within the "track" or maintain target fixation should be graded Fail. Accomplishing Part 2 should be graded Pass.

Item 9 - Gross retinoscopy at distance: (supplemental test)

Administration: Using suitable distance targets and auxilliary test lenses, estimate by judging reflex movement the extent of refractive error.

Pass/Fail Criteria:				
Hyperopia	Plus	1.50 D. or more	grade	Refer
Myopia	Minus	0.50 D. or more	grade	Refer
Astigmatism		1.00 D. or more	grade	Refer
Anisometripia		1.00 D. or more	grade	Refer

Note: This supplemental test is recommended for inclusion in a screening program when involved with a school population wherein language difficulties exist or wherein age levels limit subjective response.

Item 10 - Ophthalmoscopy: (supplemental test)

Administration: According to standard procedure.

Pass/Refer: According to standard procedure.

Note: Inclusion is recommended in screening programs not involving physical health check-ups and fundus examinations.

VIII. PRE-SCHOOL TEST MATERIALS

Developmental questionnaires
Vision Screening record forms
Referral forms
Parent authorization forms
Eye examiner report forms
Three penlights (spare bulbs and batteries)
One plus 2.50 lens
One 8 PD lens
Occluders suitable for cover test (disposable)
Stycar objects (2 sets)

2" size objects - car, airplane, doll, chair

2½" size objects - knife, fork, spoon

Matching objects should not be the same color so that identification will not be accomplished on the basis of color.

Flat white or gray background board for Stycar objects (2' x 3').
Masking tape (1" wide) sufficient for two strips 8' long.
Two bright colored toys - 2" in size.
One large 12 - 14" attention holding toy.
Materials for supplemental tests as required.

IX. RECOMMENDED SCHOOL AGE VISION SCREENING PROGRAM:

1. Completion of developmental questionnaire by parent (unless furnished for previous screening). Completion of teacher observation form such

as the AOA brochure "Teacher's Guide to Vision Problems" or other available questionnaires.

2. External appearance of eyes:
3. Identification:

   Recognition of 20/25 monocularly at 20'.

4. Plus lens test.

   The identification test repeated monocularly with a plus 1.50 sphere before seeing eye.

5. Motilities (pursuits):
   - (a) Horizontal
   - (b) Vertical
   - (c) Diagonal
   - (d) Convergence

6. Eye alignment (cover test):
7. Prism test for binocular awareness:
8. Fixations:
   - (a) Horizontal
   - (b) Vertical
   - (c) Diagonal
   - (d) Near-far

9. Focusing ability:
10. Gross retinoscopy at distance: (supplemental test)
11. Ophthalmoscopy: (supplemental test)
12. Stereo Fly: (supplemental test)
13. Brock String: (supplemental test)
14. Perceptual Copy and Incomplete Copy Forms: (supplemental test)

X. SCHOOL AGE TEST ADMINISTRATION & GRADING CRITERIA

Item 1 - Completion of Developmental Questionnaire and Teachers Observation Report.

Item 2 - External appearance of eyes:

See pre-school.

Item 3 - Identification:

<u>Administration</u>: Using suitable projected or card Snellen figures (regular letters or tumbling "E") determine acuity monocularly.

Pass/Refer criteria: It is expected that each child passing will recognize 20/25 monocularly with each eye at 20 feet. Otherwise grade Refer.

Item 4 - Plus lens test:

Administration: Similar to Item #3 but with a plus 1.50 D lens before the seeing eye. Done monocularly, with each eye.

Pass/Refer criteria: If he identifies the 20/25 letters as well or better with the lens in place as he did without it he is graded Refer. If he is unable to do as well with the lens in place he is graded Pass.

Item 5 - Motilities:

Same as in pre-school with addition of diagonal pursuits.

Item 6 - Eye alignment (cover test):

See pre-school.

Item 7 - Prism test for binocular awareness:

Same as pre-school with the test repeated at near range with penlight target.

Item 8.A.Fixations: (at 14")

Administration: Using suitable fixation targets held approximately 14" apart and 14" from the child, have him by verbal command shift fixation from one target to another. Horizontal, vertical, and diagonal fixation skills should be tested.

Pass/Fail criteria: Fail if fixation movements are erratic, fall short of or overshoot target, involve marked head movements, excessive blink releasing, or body overflow.

Item 8.B.Fixations: (near-far)

Administration: Using suitable distant target and near range fixation target have the child on verbal command fixate from far to near several times. Hold the near target at the Harmon Scale distance (from the middle knuckle to the elbow of the child's arm).

Pass/Fail criteria: Child fails if unable to fixate simultaneously both eyes on the distance and near target when changing from far to near and near to far.

Item 9 - Focusing ability:

Administration: A minus 2.50 lens is brought in from the side as the child looks at the 20/25 line at 20'.

Pass/Fail criteria: The inability to clear the 20/25 letters at 20' within three seconds through the -2.50 lens is graded Fail.

Item 10 - Distance retinoscopy: (supplemental test)

See pre-school.

Item 11 - Ophthalmoscopy: (supplemental test)

See pre-school.

Item 12 - Stereo Fly: (supplemental test)

Administration: Present the Stereo Fly target to the child wearing Polaroid glasses. Ask him to touch the wings of the fly as though they were hot.

Pass/Fail criteria: Grade Fail if the pointing response indicates a lack of awareness of "depth".

Item 13 - Brock String Test: (supplemental test)

Administration: Patient holds one end of a 22" string at the end of his nose and fixates a target held by the screener at the far end of the outstretched string. The test is administered with the string held directly in front and in the superior, inferior, right and left fields.

Pass/Fail criteria: Grade Fail if the child is unable to see and maintain two strings forming a "V" at the fixation target when held in the five principal positions.

Item 14 - Perceptual Copy and Incomplete Copy Forms: (supplemental test)

See Winterhaven publications for administration and detailed rating criteria. (Available from the Winterhaven Lions Research Foundation, c/o The Optometric Extension Program, Duncan, Oklahoma)

XI. SCHOOL AGE TEST MATERIALS

Developmental questionnaires

Teacher's observation forms

Screening record forms

Referral forms

Parent authorization forms

Eye examiner report forms

Three penlights (spare bulbs and batteries)

One plus 1.50 D lens

One 8 PD lens

Occluders suitable for cover testing (disposable)

Letter or illiterate "E" Snellen Charts

One minus 2.50 D lens

Two hand held fixation targets

Suitable distance fixation targets (3)

Materials for supplemental tests as required

XII. Appendix

DEVELOPMENTAL QUESTIONNAIRE

To the parents of_____

It would be appreciated if you would answer the following questions about your child. This information is to be included with the results of the vision screening to be conducted in the near future.

Child's full name_____ Birth Date_____

Parents Name_____

Address_____ Phone No._____

City_____ State_____

1. Does your child report:

Headaches	Yes	No
Blurred Vision	Yes	No
Double Vision	Yes	No
Eyes hurting	Yes	No

2. List any other eye complaints_____

_____

_____

3. Have you or anyone else noted the following:

Head close to paper when writing or drawing	Yes	No
Closing or covering one eye	Yes	No
Eyes sometimes reddened	Yes	No
Excessive eye rubbing or blinking	Yes	No
Bumping into objects	Yes	No
Bothered by light	Yes	No

4. Developmental Information:

   a. Any problems before, during or following birth?_____

   b. Did your child crawl (stomach on floor)_____ Age _____

   c. Did your child creep (stomach off floor)_____ Age _____

   d. At what age did your child walk?_____

5. Eyes ever examined by doctor?_____ Glasses or other care prescribed or recommended?_____

Parent's signature_____

Date_____

Preguntas acerca del desarrollo

A los padres de_____

Les vamos agradecer contesten las siguientes preguntas sobre su nino. Esta informacion se va incluir junto con los resultados del examen de la vista que se hara en el futuro.

Nombre completo del nino_____ Fecha nacimineto_____

Nombre de los padres_____

Domicilio_____ Telefono_____

Ciudad_____ Estado_____

1. Se quejas su nino de:

Dolor de cabeza	si	no
Vision borrada	si	no
Vision doble	si	no
Dolor de ojos	si	no

2. Alguna otra queja de los ojos_____

_____

3. Vd. o alguna otra persona ha notado lo siguiente:

Se acerca demasiado al papel al dibujar o leer	si	no
Cierra o se tapa algun ojo	si	no
Se le ponen los ojos irritados	si	no
Se talla los ojos o parpadea demasiado	si	no
Se tropieza con algunos obstaculos	si	no
Le molesta la luz	si	no

4. Informacion sobre el desarrollo:

   a. Hubo problemas antes, durante o despues de nacer?_____

   b. El nino ha gateado (con el estomago en el piso)_____ edad_____

   c. El nino ha gateado (sin pegar el estomago en el piso)_____ edad_____

   d. De que edad camino su nino?_____

5. Se le ha examinado la vista por un doctor? _____

   Se prescribio anteojos a hubo otra recomendacion?_____

Firma de la padres_____

Fecha_____

TEACHERS OBSERVATION REPORT FORM

To the teacher of_____ Grade_____

School_____ Date_____

Dear_____:

An observant teacher and school records constitute an excellent source of information concerning many facets of a child's development. Completion of the following report will be very helpful. This information will be related to the results of the vision screening of the above child.

Thank you.

_____O.D.
Optometric Consultant

TEACHER'S OBSERVATIONS

1. School work is: Above average_____Average_____Below average_____

2. School subjects difficult for child:_____

3. Does (s)he tend to learn more effectively: Auditorily_____Visually_____

4. Does (s)he like to read?_____Voluntarily?_____Present reading level_____

5. Is this child achieving to ability?_____

6. Has a grade been repeated?_____If yes, which?_____

7. Has special testing been requested for this child?_____ If yes, when?_____

   What type?_____ Has it been completed?_____

   Please summarize the results. _____

   _____

   _____

   _____

   _____

8. Does this child complain of:

   a. Headaches? Yes_____ No_____ When?_____
   b. Blurred vision? Yes_____ No_____ When?_____
   c. Double vision? Yes_____ No_____ When?_____
   d. Eye discomfort? Yes_____ No_____ When?_____

9. Please check the following that describe this child's school performance or behavior:

	✓	Comments
Confuses letters or words		
Reverses letters or words		
Skips or re-reads		
Vocalizes when reading silently		
Reads slowly		
Uses finger as a marker		
Poor reading comprehension		
Covers or closes one eye		
Moves head excessively		
Tilts head to one side		
Holds reading close		
Head close to desk when writing		
Frowns or squints		
Rubs or blinks eyes excessively		
Writes or prints poorly		
Tires easily		
Inattentive		
Daydreams		
Aggressive		
Withdrawn		
Temper flareups		
Cries frequently		
Poor general body coordination		

10. Additional observations:

Teachers' signature_____

PRE-SCHOOL VISION SCREENING RECORD

Child's Name _____ Birth Date _____

Parent's Name _____

Address _____ Phone Number _____

City _____ State _____

1. Developmental Questionnaire completed? Yes ____ No ____
2. External Appearance of Eyes Pass ____ Refer ____
3. Identification Pass ____ Refer ____
4. Plus Lens Test (passed if targets <u>not</u> identified) Pass ____ Refer ____
5. Motilities
   - A. Horizontal Pass ___ Uncertain ___ Fail ___
   - B. Vertical Pass ___ Uncertain ___ Fail ___
   - C. Convergence Pass ___ Uncertain ___ Fail ___

   Break point _____ Turning Eye _____
6. Eye Alignment (cover test) Pass ___ Uncertain ___ Fail ___
7. Prism Test for Binocular Awareness Pass ___ Uncertain ___ Fail ___
8. Peripheral Orientation Pass ___ Uncertain ___ Fail ___
9. Gross Retinoscopy Pass ____ Refer ____
10. Ophthalmoscopy Pass ____ Refer ____

Screening test results indicate that a complete professional vision examination is advisable. (VA ___ RE ___ CO ___ AD ___ H ___) Yes ____ No ____

Optometric Consultant_____

Symbol Code: VA - Visual Acuity
RE - Refractive Error
CO - Eye Co-ordination
AD - Potential Achievement Difficulty
H - Health

SCHOOL VISION SCREENING RECORD

Child's Name _____ Birth Date _____

Parent's Name _____

Address _____ Phone Number _____

City _____ State _____

1. a) Developmental Questionnaire completed? Yes ____ No ____
   b) Teacher's Observation Report completed? Yes ____ No ____
2. External Appearance of Eyes Pass ____ Refer ____
3. Identification Pass ____ Refer ____
4. Plus Lens Test (passed if targets not identified) Pass ____ Refer ____
5. Motilities
   - A. Horizontal Pass ___ Uncertain ___ Fail ___
   - B. Vertical Pass ___ Uncertain ___ Fail ___
   - C. Diagonal Pass ___ Uncertain ___ Fail ___
   - D. Convergence Pass ___ Uncertain ___ Fail ___

   Break point _____ Turning Eye _____
6. Eye Alignment (cover test) Pass ___ Uncertain ___ Fail ___
7. Prism Test for Binocular Awareness Pass ___ Uncertain ___ Fail ___
8. Fixations
   - A. Horizontal Pass ___ Uncertain ___ Fail ___
   - B. Vertical Pass ___ Uncertain ___ Fail ___
   - C. Diagonal Pass ___ Uncertain ___ Fail ___
   - D. Near/far Pass ___ Uncertain ___ Fail ___
9. Focusing Ability Pass ___ Uncertain ___ Fail ___
10. Gross Distance Retinoscopy Pass ____ Refer ____
11. Ophthalmoscopy Pass ____ Refer ____
12. Stereo Fly Pass ___ Uncertain ___ Fail ___
13. Brock String Test Pass ___ Uncertain ___ Fail ___
14. Perceptual Copy and Incomplete Copy Forms

    Above Grade ___ At Grade ___ Below Grade ____

Screening test results indicate that a complete professional vision examination is advisable. (VA ___ RE ___ CO ___ AD ___ H ___) Yes _____ No _____

Optometric Consultant_____

Symbol Code: VA - Visual Acuity
RE - Refractive Error
CO - Eye Co-ordination
AD - Potential or Actual Achievement Difficulty
H - Health

VISION SCREENING REFERRAL FORM

Child's Name _____ Birth Date _____

Parent's Name _____

Address _____ Phone Number _____

City _____ State _____

School _____

Address _____

Dear Doctor:

The above named child has not performed satisfactorily on our vision screening tests in the school. Our observations indicate the possibility of visual difficulty in the areas checked:

Visual acuity _____

Refractive error _____

Potential or Actual Achievement Difficulty _____

Eye Coordination _____

Health _____

Please return the information requested together with your recommendations as soon as possible. This will be helpful to the teacher and to me in arranging this pupil's program.

_____

Principal's Signature

PARENT AUTHORIZATION

Doctor _____ is authorized to release the results of the vision evaluation to the _____ School District.

_____ _____

(child's name) (parent's signature)

EYE EXAMINERS REPORT TO THE SCHOOL

Child's Name _____ Birth Date _____

Parent's Name _____

Address _____ Phone Number _____

City _____ State _____

1. Does this child have an eye health problem? Yes No
2. Does this child have a sight (acuity) problem? Yes No
3. Does this child have a vision problem? Yes No
   a. Would this interfere with following along a line of print? Yes No
   b. Would this interfere with efficient use of the two eyes as a team? Yes No
   c. Would this interfere with concentration or achievement on near vision tasks such as reading? Yes No
   d. Would this interfere with the ability to shift attention adequately from book to chalkboard and back? Yes No
   e. Would this interfere with "depth" judgement? Yes No
   f. What other areas of school performance might this affect? _____

      _____

      _____

   g. Additional remarks _____

      _____
4. If a problem exists what therapy is recommended?
   a. Glasses _____ Unbreakable _____ To be worn _____
   b. Vision training _____
   c. Other _____
5. Uncorrected visual acuity: R _____ L _____ B _____. If glasses are to be used for distance seeing what is corrected acuity? R _____ L _____ B _____
6. When should child return for re-examination _____
7. Are there any further instructions or recommendations (including any need for special class, special seating, larger type books, limitation of activities, etc.)

Date of examination _____ Signed _____

Address _____

Telephone _____